DSS

Strong Families - South Dakota's Foundation and Our Future

Health Homes 101

What is a Health Home?

- Health Homes created by Section 2703 of the ACA to help reduce the cost of services for some High Cost High Risk Medicaid populations.
- Health Homes build a person centered system of care that achieves improved outcomes for recipients and better services and value for state Medicaid programs.
- The Medicaid Solutions Workgroup recommended that DSS look into implementing Health Homes.
- Several States are currently approved to do Health Homes including, MO, IA, NE, NY, RI, OR and NC.
- 57% of our costs in Medicaid come from 5% of our population.
- 83% of Health Home eligible individual are included in the individuals in the 5% who make up our Highest Cost Highest Risk Group.

What Must a Health Home Do

- Provide quality-driven, cost-effective, culturally appropriate, person-/family-centered services;
- Coordinate/provide access to: high-quality, evidence-based services; preventive/health promotion services; MH/SA services; comprehensive care management/ coordination/ transitional care across settings; disease management; individual/family supports; LTC supports and services;
- Develop a person-centered care plan that coordinates/ integrates clinical/non-clinical health care needs/services;
- Link services with HIT, communicate across team, individual and family caregivers, and provide feedback to practices; and
- Establish a continuous QI program.

What are Health Home Services?

- Six Core Services must be provided:
  - Comprehensive care management;
  - Care coordination;
  - Health promotion;
  - Comprehensive transitional care/follow-up;
  - Patient and family support; and
  - Referral to community and social support services.
- May or may not be provided within the walls of a primary care practice.

Related to, but not the same as, patient centered Medical Homes

- Medical homes can be foundation of Health Homes.
- Health Homes are developed specifically for Medicaid recipient.
- Health homes expand on traditional medical home models by:
  - Focusing on patients with multiple chronic and complex conditions;
  - Coordinating across medical, behavioral, and long-term care; and
  - Building linkages to community and social supports.
- Focus on outcomes – reduced ED, hospitalizations/ readmissions, reduced reliance on LTC facilities.

Populations to be Served by SD Two Proposed Health Homes

- Approximately 35,685 recipients are eligible for the two Health Homes
- Primary Care Provider Health Homes include individuals with two or more chronic diseases listed below OR one chronic and one at risk condition listed below.
  - **Chronic diseases include**: Asthma, COPD, Diabetes, Heart Disease, Hypertension,Obesity, HIV, Muskoloskeletal and Neck and Back Disorders.
  - **At-risk conditions include**: Pre-Diabetes, tobacco use, Cancer Hypercholesterolemia, Depression, and use of multiple medications (6 or more classes of medications).
- The Behavioral Health Health Homes includes individuals with a primary diagnosis of one Severe Mental Illness or Emotional Disturbance and Substance Abuse.
  - Schizophrenia, bipolar, major depression, mood disorders, Ethyl Alcohol-related psychotic disorders, anxiety, personality/social disorders, Attention Deficit Hyperactivity Disorder.
- Can't exclude recipients eligible for both Medicaid and Medicare or kids.

Provider Infrastructure for Primary Care Provider Health Homes

- Designated Provider for PCP Health Homes
  - Designated providers include a primary care physician (e.g., family practice, internal medicine, pediatrician or OB/GYN) or midlevel practitioner, working in a Federally Qualified Health Center, Rural Health Clinic, or clinic group practice.
  - The designated provider is part of a physician led team, supported by a team of health care professionals and support staff that establishes an ongoing relationship with the patient.
  - A designated provider team of health care professionals may also include behavioral health providers, a health coach/care coordinator/care manager, chiropractor, pharmacist, support staff, and other services as appropriate and available.
  - A health home may include multiple sites identified as a single organization that share policies, procedures and electronic systems.

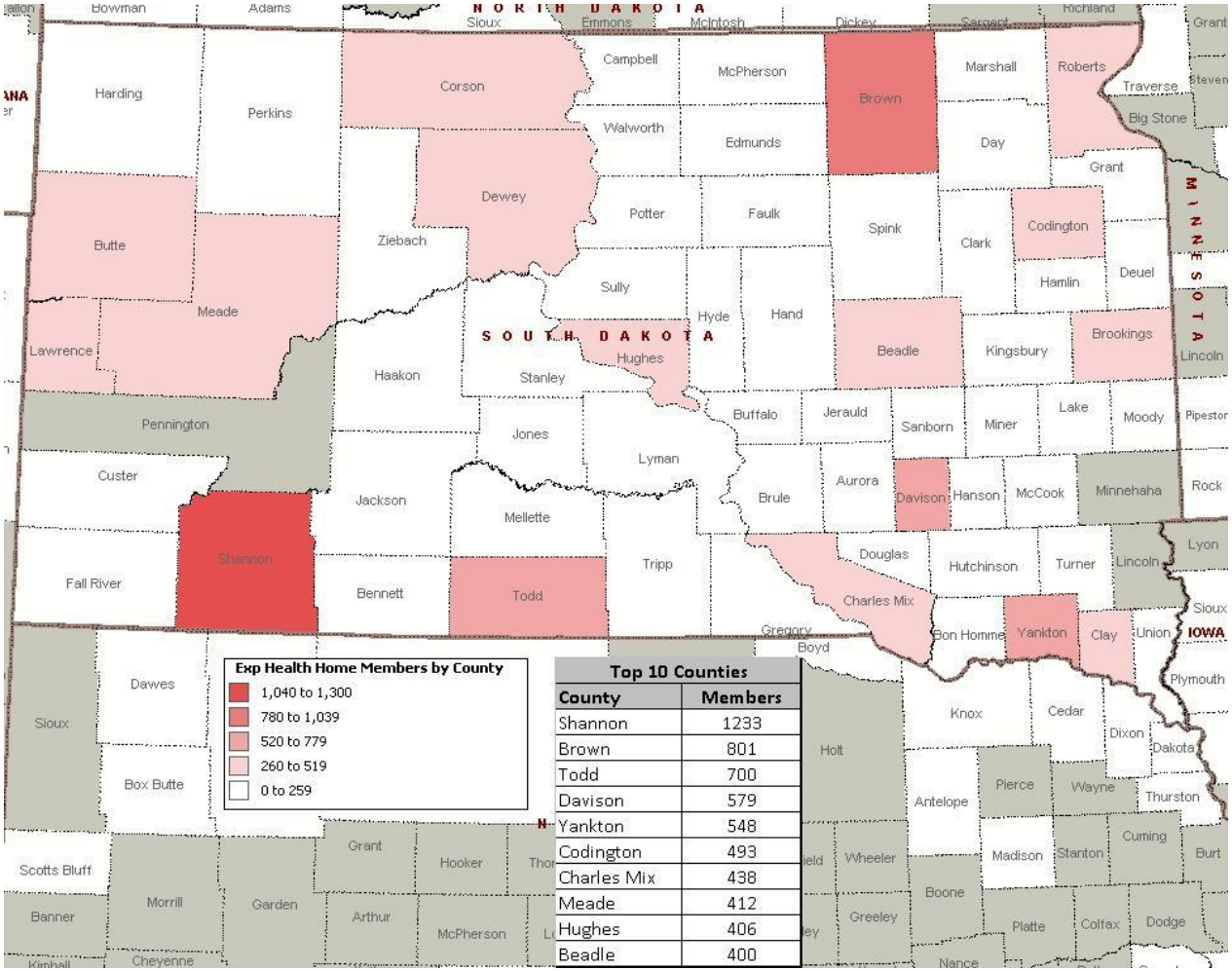
Provider Infrastructure for Behavioral Health Health Homes

- Designated Provider for BH Health Homes
  - Designated providers include mental health professionals working in community mental health center or other behavioral health setting.
  - The designated provider will be supported by a team of health care professionals including a primary care physician or midlevel practitioner and support staff that establishes an ongoing relationship with the patient.
  - A designated provider team of health care professionals may also include a health coach/care coordinator/care manager, chiropractor, pharmacist, support staff, and other services as appropriate and available.
  - A health home may include multiple sites identified as a single organization that shares policies, procedures, and electronic systems.

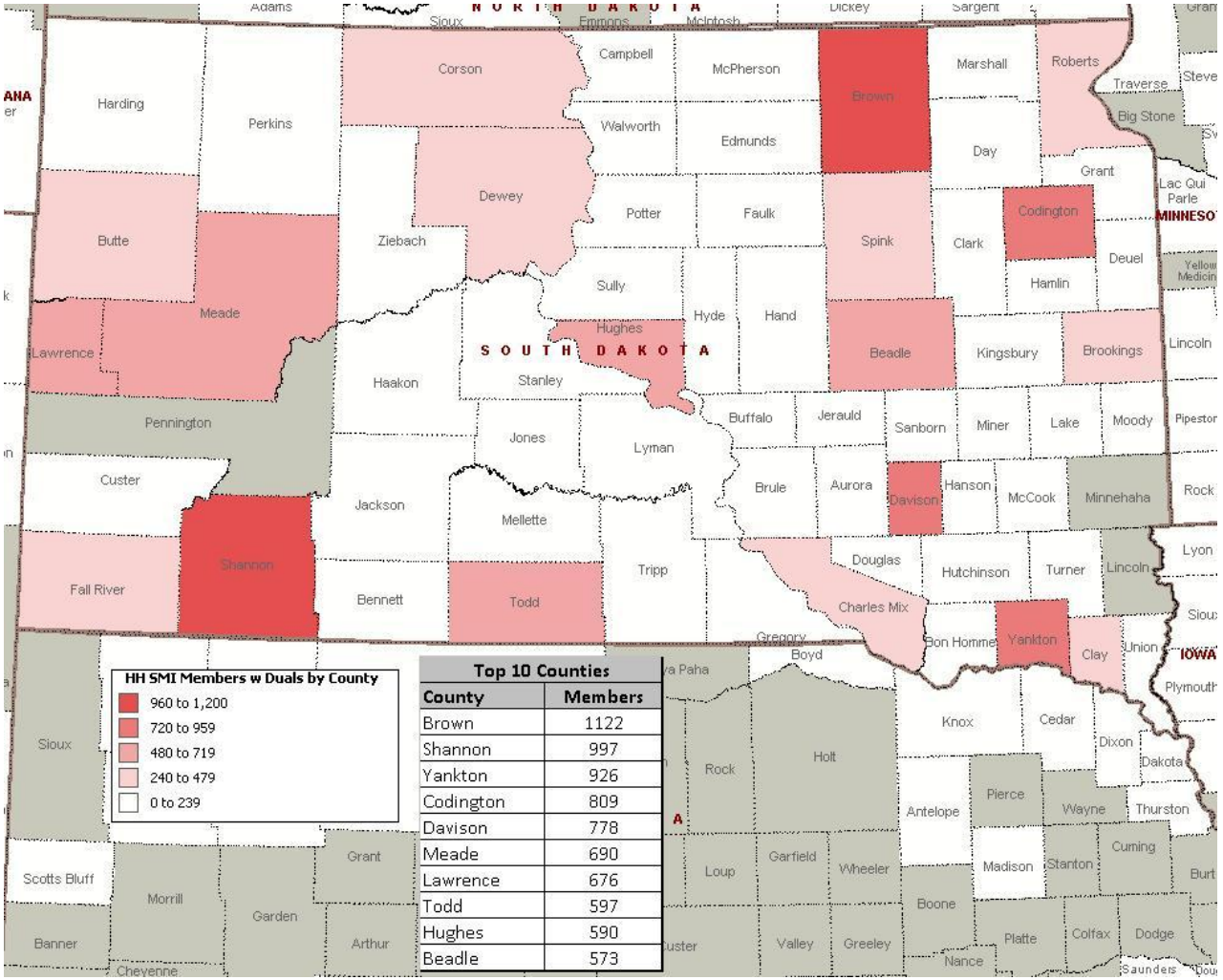
Proposed Quality Methodology

- State Plan Amendments (SPA) require goals with measures in the areas of Clinic Outcomes, Experience of Care and Quality of Care.
- Each SPA includes a set of outcomes that have three goals and appropriate measures.
- Two different Quality Plans with three goals and appropriate measures have been developed for both the PCP and BH Health Homes.
- Minimum of one clinical indicator for each disease category.
- Patient and Family experience/satisfaction measures.
- Cost and Effectiveness measures.

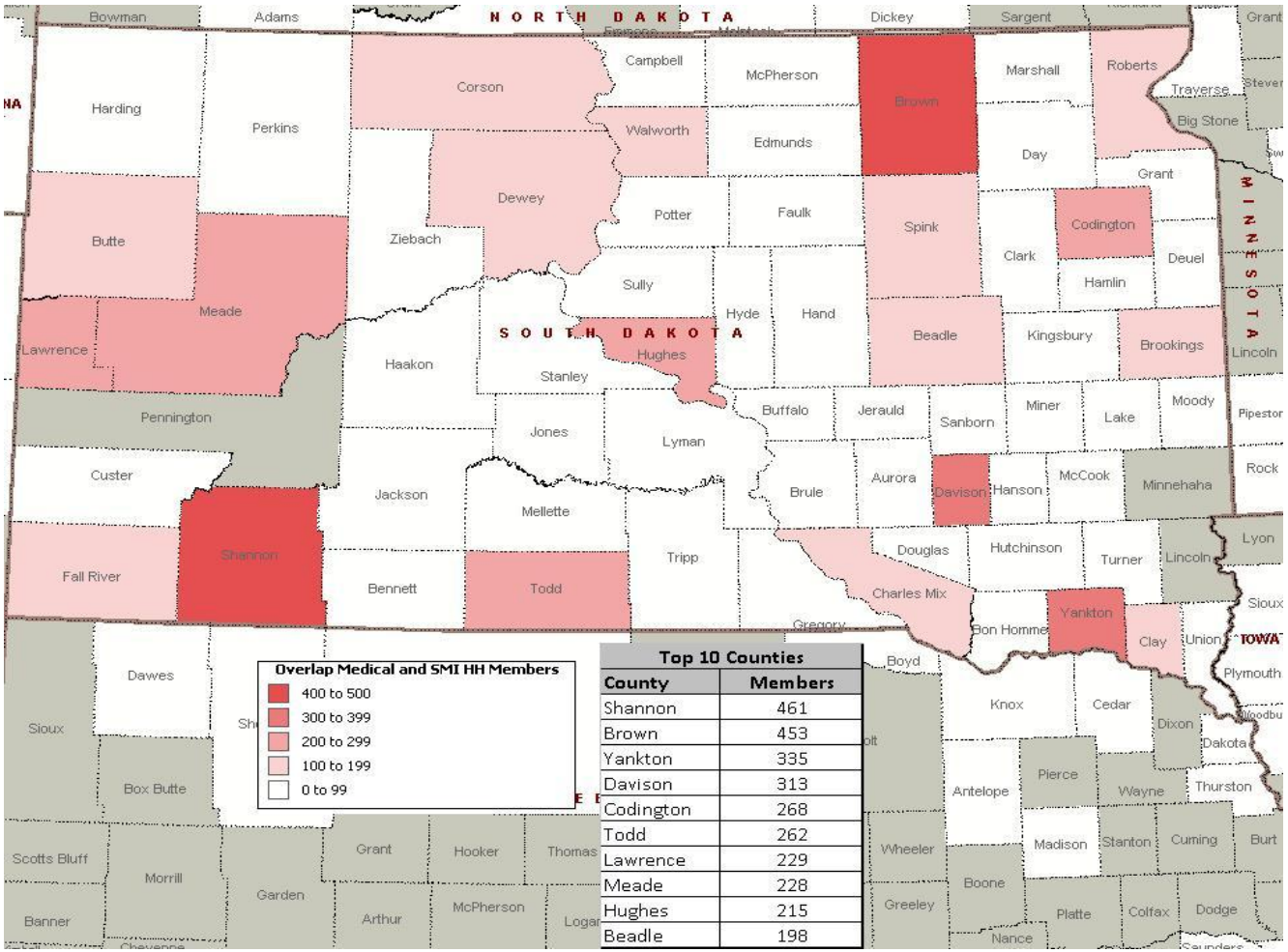
Primary Care Health Home



Behavioral Health Health Home



Primary Care and Behavioral Health Overlap



Top 10 Counties	
County	Members
Shannon	461
Brown	453
Yankton	335
Davison	313
Codington	268
Todd	262
Lawrence	229
Meade	228
Hughes	215
Beadle	198

Next Steps

- Final Workgroup meeting on October 30, 2012.
- State Plan Amendment Process
  - Consultation with CMS and SAMSHA
  - Tribal and Public Notification Period
  - SPA Approval
- Educating Health Homes about the process of enrollment.
- Enrolling Health Home providers.
- Educating eligible recipients about the functions and benefits of a Health Home.

DSS

Strong Families - South Dakota's Foundation and Our Future

Thank-you.